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PTO/SB/22 (12-04)

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FR 1.136(a)	Docket Number (O	Docket Number (Optional) 101328-0180			
	Filed	July 22, 2003			
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	Examiner	I. S. Zemel			
Fee \$120	Small Entity Fee	-			
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37 CFR 1.34	28,711	,			
	Novem!	ber 21, 2005			
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interest or their repre	esentative(s) are required. S	Submit multiple forms if more			
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Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).			Complete if Known						
			'\'		10/624,959-Conf. #6293				
FEE TRANSMITTAL				July 22, 2003 Karen K. Gleason					
For f	Y 200	5	H	First Named Inv		. S. Zemel	SON		
X Applicant claims small entity status. See 37 CFR 1.27					1711				
TOTAL AMOUNT OF PAY	 	(\$) 360.00			<u> </u>	101328-0180			
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METHOD OF PAYMENT (check all that apply)									
X Check Credit Card Money Order None Other (please identify):									
Deposit Account Deposit Account Number: 141449 Deposit Account Name: Nutter McClennen & Fish LLP									
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)									
Charge fee(s)	indicated be	low		Charg	e fee(s) inc	licated below, e	xcept for the filing fee		
Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17									
FEE CALCULATION									
1. BASIC FILING, SEARCH	, AND EXA	MINATION FE	ES	-					
	FILIN	G FEES	SEA	ARCH FEES	EXAMIN	IATION FEES			
Application Type	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fees Paid (\$)		
Utility	300	150	500	250	200	100			
Design	200	100	100	50	130	65			
Plant	200	100	300	150	160	80			
Reissue	300	150	500	250	600	300			
Provisional	200	100	0	0	0	0			
2. EXCESS CLAIM FEES							Small Entity		
Fee Description Fee (\$)									
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Multiple dependent claims 360 180 Total Claims Extra Claims Fee (\$) Fee Paid (\$) Multiple Dependent Claims									
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3. APPLICATION SIZE FEE									
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listings under 37 CFR 1 sheets or fraction thereo	.52(e)), the of. See 35 U	application siz	(G) and	37 CFR 1.16(s).	oi siliali ci	ility) for each a	duttional 50		
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4. OTHER FEE(S) Fees Paid (\$)									
Non-English Specification	on, \$130 fe	e (no small en	tity disco	ount)					
Other (e.g., late filing sur	rcharge): 2	251 Extensio	n for res	ponse within fi	rst month		60.00		
SUBMITTED BY	1/1/	<u>ل</u> م							
Signature	100	Mr.	>	Registration No. (Attorney/Agent)	28,711	Telephone	(617) 439-2000		
Name (Print/Type) Thomas J	Engellen	∕/ er		<u> </u>		Date	November 21, 2005		
		<u> </u>			-				
Fee Transmittal I hereby certify that this correspondence is being deposited with the U.S. Postal Service with sufficient postage as First Class Mail, in an									
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below.									
Dated: November 21, 2005	Dated: November 21, 2005 Signature: (Thomas J. Engellenner)								